

National Community Health Representative Strategic Plan 2023–2028



Mission

*Community Health Representatives
provide outreach, education,
informal counseling, social support,
patient-centered care, and advocacy services
that improve the health and wellness of
American Indian and Alaska Native people*



Vision

*Good health and wellness for all
American Indian and Alaska Native
individuals, families, and communities*

Acknowledgments

The National Community Health Representative (CHR) Strategic Plan was developed through a collaborative process that included partners across a diverse group of organizations, committees, and people. This strategy was made possible by the Indian Health Service (IHS), Northwest Portland Area Indian Health Board (NPAIHB), CHR Program Core Advisory Committee, Area Office CHR Consultants (AOCs), and Cardea. We give thanks to all those who participated in interviews to help us understand perspectives and framing for this strategy.

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Message from the IHS Director

On behalf of the Indian Health Service (IHS), I am pleased to present the National Community Health Representative Strategic Plan. The IHS is committed to supporting the National Community Health Representative (CHR) Program in improving the health status, health care system, and service delivery for all American Indian and Alaska Native (AI/AN) people. This Strategic Plan describes what the agency, in collaboration with the National CHR Program, hopes to accomplish over the next five years, based on the participation and feedback we received from CHRs, Area CHR Consultants, a CHR Advisory Group, and other key partners who collaborate with Tribal CHR programs across the United States.

The vision of the National CHR Program is good health and wellness for all AI/AN individuals, families, and communities. The National CHR Strategic Plan details how the National CHR Program will achieve its vision by focusing on five priority areas:

1. Advocacy and Awareness
2. Partnerships
3. Sustainability
4. Workforce Strengthening
5. Data Systems

The National CHR Strategic Plan includes goals, objectives, and strategies to support each priority area and establishes standards for performance to measure success.

The AI/AN people continue to experience health inequities caused by historical trauma. This Strategic Plan aims to support the National CHR Program in addressing some of these inequities by strengthening and building on the National CHR Program's existing progress. The National CHR Program reflects a workforce that has strong roots with deep ties in Tribal communities. As we move forward with implementation, we are excited to continue to support the work CHRs are doing to improve the health and well-being of AI/AN communities.

Roselyn Tso

Director, Indian Health Service

Enrolled Member of the Navajo Nation

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Executive Summary

Context

The National CHR Strategic Plan (Strategic Plan) supports the vision and intended actions of the National CHR Program. The National CHR Program provides funding, training, and technical assistance to Tribal CHR programs to support CHRs in providing culturally responsive care that honors the tradition and values of the AI/AN people they serve.

We hope that CHR programs and partners across the country use the Strategic Plan as a guide to enhance CHR efforts in supporting the health and well-being of AI/AN individuals, families, and communities. Tribal CHR programs may adapt and prioritize the goals, objectives, and strategies in ways that align with community and program needs. Key partners may also use the Strategic Plan to understand and support the National CHR Program's priorities for expanding the provision of comprehensive and culturally affirming services for AI/AN communities.

Approach

The National CHR Strategic Plan reflects learnings and guidance from key partners across the country, gathered through listening sessions, development and engagement of a Core CHR Strategy Team, and conversations with CHR AOCs.



Priority Areas, Goals, Objectives, and Strategies



1

Priority Area 1: Advocacy and Awareness

Focuses on ways to increase awareness and advocacy to support the National CHR Program and ensure that CHRs receive comprehensive support in providing continuous care for AI/AN people

2

Priority Area 2: Partnerships

Focuses on ways to strengthen partnerships across the National CHR Program and other health care teams to improve systems of care for AI/AN people

3

Priority Area 3: Sustainability

Focuses on ways to strengthen and sustain the National CHR Program and integrate CHRs into health care teams to ensure continuous care for AI/AN people

4

Priority Area 4: Workforce Strengthening

Focuses on ways to develop and enhance CHR workforce training and strengthen CHR competencies

5

Priority Area 5: Data Systems

Focuses on ways to optimize CHR data collection and use to support individual and community-level well-being

Context

Introduction to The National Community Health Representative Strategic Plan

The National CHR Strategic Plan was developed to support the vision and intended actions of the National CHR Program. We hope that CHR programs and partners across the country use the Plan as a guide to enhance CHR efforts in supporting the health and well-being of AI/AN individuals, families, and communities. Tribal CHR programs may adapt and prioritize the goals, objectives, and strategies in ways that align with community and program needs. Key partners may also use the Plan to understand and support the National CHR Program's priorities for expanding the provision of comprehensive and culturally affirming services for AI/AN communities.



Health Systems, Status, and Care for American Indian and Alaska Native People

American Indian and Alaska Native people are people who “have origins in any of the original peoples of America and maintain tribal affiliations or community attachment”.¹ The AI/AN Tribes are recognized by the Federal government as being sovereign, meaning they have the authority to self-govern and protect the health and safety of AI/AN people within Tribal territories and have the right to exist as nations.^{2,3} There are about 326 federally recognized AI/AN reservations in the U.S. and approximately 574 federally recognized AI/AN Tribes, with about 9.7 million people identifying as AI/AN.^{4,5} Federally recognized Tribes are provided with health care and other assistance through the IHS.¹ The IHS is an agency within the United States (U.S.) Department of Health and Human Services (HHS) and is responsible for providing health services to AI/AN people.⁶

Historical trauma, including trauma related to genocide, colonialism, and displacement from ancestral territory, has led to health inequities among AI/AN people. These health inequities have led to an increased risk of suicide, substance use, chronic diseases, depression, and other mental health outcomes among AI/AN people compared with other racial and ethnic groups in the US.⁷ Health equity is “the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”⁸ Understanding the impact of historical trauma, including the social determinants of health on the health and well-being of AI/AN people is critical to advance health equity.⁷

About the National Community Health Representative Program

Congress, with support from the Office of Economic Opportunity (OEO) and American Indian Tribes, established the National CHR Program in 1968 in response to requests from AI/AN governments, organizations, and IHS for a healthcare program to address specific Tribal health care needs.^{9,10} The OEO managed the National CHR Program from 1968 to 1972, transitioning management to the IHS in 1972.¹⁰ The National CHR Program is the largest

tribally contracted program, with more than 95 percent of CHR programs directly operated by Tribes under the Indian Self-Determination and Education Assistance Act (ISDEAA) in 1975.⁹ The National CHR Program provides funding, training, and technical assistance to Tribal CHR programs to support and promote healthy and thriving communities, with over 1,600 CHRs in over 250 Tribes across all 12 IHS areas in the U.S.⁹

The purpose of the National CHR Program is unique while aligning with broader community health workforce (CHW) roles and competencies recognized by several Federal entities such as (1) relationship and trust-building to identify the needs of our clients; (2) communication especially continuity and clarity between provider and patient, traditional knowledge and language; and (3) focus on social determinants of health, which include social connectedness, traditional knowledge, spirituality, relationship to the environment, and shared history.¹¹ The CHR scope of practice includes outreach and communication, advocacy, social support, primary health education, and community clinic/hospital referrals. It includes social and direct preventative services reflecting underserved populations in rural and hard-to-reach Tribal communities.¹²

The CHRs are part of a larger community health workforce known as community health workers (CHWs), including promotores de salud, navigators, and peer support specialists that link communities, clinical health systems, and needed health care services. Most people who are part of the community health workforce “share life experiences with the people they serve and have knowledge of the causes and impacts of health inequity”.¹³ In response to the health inequities and traumas that impact AI/AN people, the National CHR Program is uniquely positioned to provide health care, health promotion, and person-centered and holistic care for AI/AN people.¹¹

“CHRs bring healthcare to the remote areas, addressing the provider shortages. They serve as a link between the providers and the communities, and they provide education to the patients.”

— Carmen Licavoli Hardin, MSN, ANP-BC, Director, Division of Diabetes Treatment and Prevention, Office of Clinical & Preventive Services, Indian Health Service

“CHRs are the community subject matter experts.... They know the ins and outs of resources. They know families by first name, and they are the backbone when it comes to community health.”

— Nicole Conroy, BSN, RN, PHN, Public Health Nurse & CHR Consultant, GPA Division of Nursing Services, Indian Health Service Area Office

“The CHRs, we were here first in New Mexico... The whole thing is nobody wanted to acknowledge us until the Anglo community came up with ‘community health workers’, and now Medicaid can give reimbursement for them...and it was all based off of what CHRs do... They built this whole thing off of the foundation of what we did... great things have come from the generations — through the 50 some years of having CHRs... Sometimes, the CHRs don’t get the recognition that they deserve because they’re not ‘certified’.”

— Monica Vigil, Pueblo of Nambe SDPI/CHR Program Director

The CHRs are a highly trained, motivated, skilled, and innovative workforce that serves as the oldest and only federally funded program of CHWs in the US.¹¹ They are national leaders in the CHW field. They are also trusted professionals who support AI/AN people by providing access to quality and holistic care and serve as a link between health and social services and Tribes.¹³ The CHRs are also effective agents of change working across health and social systems.⁹ As trusted members of AI/AN communities, CHRs have an essential role in the communities they serve and in the healthcare delivery system.⁹ For example, CHRs played a pivotal role during the COVID-19 Pandemic, supporting efforts around contact tracing and meeting health and social needs of the communities they served during the lockdown.

The CHRs are frontline public health workers who improve health equity, address the social determinants of health, and improve access to healthcare in AI/AN communities and build AI/AN community capacity through:^{9,14}

- **Individual support** — provide encouragement and social support to assist individuals with goal setting and barrier identification within professional boundaries
- **Care coordination and community support planning** — assist in coordinating care by linking to appropriate services and providing care access
- **Health care liaison** — serve as a culturally informed liaison between individuals and community health care systems

“In the past year, the Community Health Representatives have been active in the Tribal communities engaging in various community health activities. For instance, the CHRs were heavily involved in Mid-Atlantic Service Unit vaccine clinics. They served many roles in this process including assisting with developing plans, coordinating with the Tribes to ensure successful outcomes, advertising the program, setting up the clinics, assisting patients and the medical staff during clinics, and conducting satisfaction surveys. To date, they have participated in more than 10 successful vaccine clinics aimed to vaccinate Virginia Tribes against flu, COVID-19, and shingles.”

— Jennifer Floor, Psy.D., LCP, Director of Behavioral Health, The Mid-Atlantic Service Unit (MASU) Richmond, VA

“Basically, [CHR]s are] a proponent of that circle of full health and ensuring...needs are actually being met, because people are not taught to advocate for themselves, especially regarding their own health.”

— Anonymous, CHR Manager

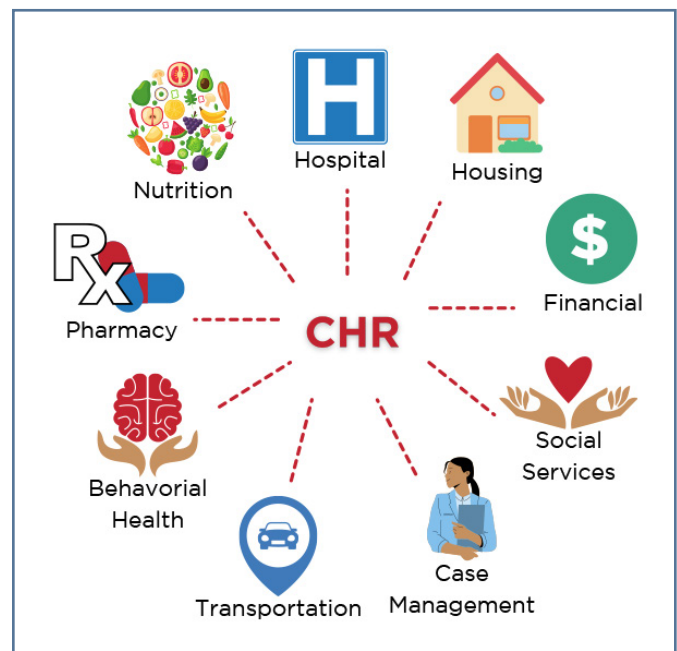
- **Outreach and health education** — provide culturally appropriate health education to individuals and organizations that reduces modifiable risk factors and encourage healthy behaviors
- **Advocacy and social justice** — recognize gaps and advocate for individual and community health needs
- **Transportation coordination** — provide and coordinate transportation services
- **Coordination of durable medical supplies** — organize health care equipment and supplies such as wheelchairs, crutches, blood testing strips for diabetics, etc.
- **Social and cultural cohesion** — develop trusting networks of relationships and shared values for AI/AN communities that promote trust and community health
- **Environmental quality and housing** — assist in providing/supporting access to housing and a healthy environment
- **Food access** — assist in providing/supporting access to nourishing, affordable, and healthy meals
- **Parks and recreation** — assist in providing/supporting accessible and safe physical spaces to support a healthy community

The CHRs are part of a CHW network reflecting national, state, local, academic, and organizational entities. Efforts from many Tribal entities and other organizations have contributed to providing workforce assessments informing recommendations on

CHR integration within systems and teams, sustainability, certification, and standardization to strengthen the advancement of the CHR workforce locally and nationally.¹¹ The IHS is a partner in advancing these efforts, evidenced in the development of the National CHR Strategic Plan to ensure the public health system and healthcare delivery system reflect the contributions and good work of CHRs in improving health and equity to support the mission and vision of the IHS.

A Community Workforce

The CHRs address the needs of their community through health improvement and outreach. They are effective agents of change working across health and social systems. The CHRs play an essential role in Native Communities, and the healthcare delivery system.



Supporting the Visions of the Indian Health Service and the United States Department of Health and Human Services

Supporting the vision of the IHS

The National CHR Strategic Plan supports the mission, vision, and goals of the IHS and the [Indian Health Service Strategic Plan fiscal year 2019 to 2023](#). As members of AI/AN communities, CHRs build and maintain strong community partnerships and are at the forefront of providing culturally responsive services that raise the physical, mental, social, and spiritual health of AI/AN people to the highest level.¹⁵ The priority areas included in the Strategic Plan — awareness and advocacy, sustainability, partnerships, workforce strengthening, and data systems — directly align with the goals of the [Indian Health Service Strategic Plan FY 2019–2023](#). Specifically, the priorities align with *Goal 1: To ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people*.¹⁵ Ensuring a sustained, integrated, and collaborative National CHR Program enhances the strategic priorities and fulfills the mission of IHS.

Supporting the vision of HHS

The National CHR Strategic Plan supports the mission and strategic goals of HHS and the [HHS Strategic Plan FY 2022–2026](#). Through enhancing the National CHR Program, the Plan aims to support holistic and comprehensive

care that affirms cultural values and traditions for all AI/AN people. This directly aligns with HHS Strategic *Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Healthcare*, *Goal 2: Safeguard and Improve National and Global Health Conditions and Outcomes*, and *Goal 3: Strengthen Social Well-Being, Equity, and Economic Resilience*.¹⁶ The CHRs are key to enhancing equity in access to care and health outcomes that support the well-being of AI/AN people.

For additional information about how the National CHR Strategic Plan supports the visions of the IHS and HHS, please refer to the table: [Connections to the Indian Health Service and United States Department of Health and Human Services Strategic Plans](#).

“CHR serve as a powerful and dedicated workforce with a huge impact on the AI/AN communities they serve. Their unwavering dedication and understanding of the communities contribute to improving overall health outcomes, promoting wellness, and addressing health disparities prevalent in AI/AN communities. Through their efforts, CHRs not only provide essential care but also serve as champions of AI/AN culture, traditions, and community resilience.”

— Marcella Ronyak, Ph.D., LCSW, CDP Director,
Division of Clinical and Community Services
Indian Health Service Headquarters

Approach: Developing Our National Community Health Representative Strategic Plan

The National CHR Strategic Plan reflects learnings and guidance from key partners across the country, gathered through listening sessions, development and engagement of a Core CHR Strategy Team, and conversations with AOCs.

Listening Sessions

In partnership with the IHS and NPAIHB, Cardea conducted nine, semi-structured key informant interviews and one focus group discussion with partners across the country who reflected diverse regional and professional perspectives. Key informant interviews were completed in October and November 2022 with CHRs, CHR program directors and managers, and people working on related public health initiatives. The focus group discussion included nine AOCs and occurred in October 2022. Listening sessions focused on individual experiences with the National CHR Program, strengths of CHRs in providing services to their communities, ways to enhance the services and support that CHRs provide, key priorities for the National CHR Program, and key partnerships to advance the work of CHRs. Cardea synthesized themes from the interviews and focus groups to develop initial priority areas for the National CHR Strategic Plan.

Core CHR Strategy Team

In November 2022, IHS, NPAIHB, and Cardea partnered to convene a Core CHR Strategy Team. The Core CHR Strategy Team met six times from November 2022 through June 2023 to provide guidance on the development of the National CHR Strategic Plan. The guidance included supporting the IHS with operationalizing the Strategic Plan by contributing community and professional perspectives. Through these conversations, the Core CHR Strategy Team supported the development of a vision, priority areas, goals, objectives, and strategies for the Strategic Plan.

Conversations with AOCs

In addition to participating in a focus group discussion, the AOCs participated in two conversations to provide guidance at critical points in the development of the National CHR Strategic Plan. The first conversation focused on defining a successful plan, changes they hoped would arise due to the work, and how the work supports equity. The second conversation focused on reviewing the draft vision statement, goals, objectives, and strategies, and discussing AOCs' roles in implementing the Strategic Plan.

National Community Health Representative Strategic Plan: Priority Areas, Goals, Objectives, and Strategies

1

Priority Area 1: Advocacy and Awareness

Goal 1: Increase awareness and advocacy for the National CHR Program and CHR workforce

- ◆ **Objective 1.1** — Increase awareness of the importance of the CHR workforce in promoting the health and well-being of AI/AN communities
 - ◇ **Strategy 1.1.1** — Develop and disseminate materials and resources (e.g., communication guides, videos, digital stories, blogs, email blasts, and newsletters) that communicate the important role of CHRs to AI/AN communities
 - ◇ **Strategy 1.1.2** — Create awareness among key CHR partners on their contribution to the social determinants of health and social determinants of equity

“It is important to educate the leadership of these health departments, like the Public Health Division, because without that buy in and awareness, there’s not going to be any hope for real sustainable change. It’s incredible what the CHRs are doing...for the service to the community.”

— Kristen Speakman, Family Spirit Project Manager,
Johns Hopkins University Center for Indigenous Health

- ◆ **Objective 1.2** — Promote and support advocacy for the CHR workforce across the IHS, Tribal, and Urban (I/T/U) Indian health system
 - ◇ **Strategy 1.2.1** — Increase understanding among Tribal health care systems about the role of CHRs in maximizing resources and supporting community health
 - ◇ **Strategy 1.2.2** — Build capacity of AOCs and Tribal CHR leadership to promote and advance the role of CHRs in improving community and population health
 - ◇ **Strategy 1.2.3** Explore opportunities to continue integrating a cultural wellness model into the National CHR Program

“[For] a lot of Tribes, every time there’s an election and they get a new leader...their directors change out...The director of the CHR program...it’s kind of like a political position at many Tribes, so having...guidelines would be good because it’s something for someone new who comes in saying, ‘Okay, this is what I should do.’”

— Pamela Aguilar, CHR Contractor

2

Priority Area 2: Partnerships

Goal 2: Strengthen partnerships that support the National CHR Program and CHR workforce in improving systems of care for AI/AN communities

- ◆ **Objective 2.1** — Develop opportunities for alignment and integration across clinical, preventive, and public health programs
 - ◇ **Strategy 2.1.1** — Engage and facilitate leadership partnerships between I/T/U Indian health systems and key clinical, preventive, and public health partners

- ◇ **Strategy 2.1.2** — Increase opportunities for CHR programs to connect, collaborate, and share best and emerging practices in providing culturally responsive clinical, preventive, and public health programs
- ◇ **Strategy 2.1.3** — Increase opportunities for collaboration with other community workforce programs

“There are other community-based workforces that have similar sustainability issues that I think [CHRs] can learn from.”

— CAPT David Wong, Chief Medical Officer, HHS Office of Minority Health

Priority Area 3: Sustainability

Goal 3: Strengthen and sustain the CHR workforce to promote continuity of care for AI/AN people

- ◆ **Objective 3.1** — Promote, educate and advance CHR sustainability
 - ◇ **Strategy 3.1.1** — Increase awareness and understanding across I/T/U Indian health systems about CHW certification
 - ◇ **Strategy 3.1.2** — Increase awareness and understanding across I/T/U Indian health systems about opportunities to bill Medicaid for CHW/CHR services
 - ◇ **Strategy 3.1.3** — Increase awareness and understanding and expand the ISDEAA related to CHR Program Services, Functions, and Activities (PSFA)
- ◆ **Objective 3.2** — Promote collaboration of CHRs with health care teams
 - ◇ **Strategy 3.2.1** — Develop guidance and recommendations to support CHR integration within the I/T/U Indian health system (e.g., use of data, levels of communication, referral processes, and Electronic Health Records [EHR])
 - ◇ **Strategy 3.2.2** — Integrate CHRs into patient-centered medical home initiatives

“CHRs are funded through [ISDEAA] 638 dollars...so there is funding. You don’t have to worry about chasing grant dollars per se for CHR positions, but, because we all know IHS and Tribal health in general is severely underfunded, there’s a desire for CHRs to bill Medicaid and/or other payors for their services, so that you can stretch out those IHS dollars even more... Some of the models we’re looking [at] include Medicaid financing and intersectoral block grant funding for CHWs. Those are things that maybe CHRs could explore as well to reduce the footprint needed from base funding to support CHRs.”

— CAPT David Wong, Chief Medical Officer,
HHS Office of Minority Health

“[We have] a referral system set up and an MOA set up with IHS to work with the different clinics within IHS. Everyday a CHR picks up the referrals from the hospital. This referral system is effective because the majority of referrals are related to case management.”

— JT Naisho, CHR Director

Priority Area 4: Workforce Strengthening

Goal 4: Develop capacity of the CHR workforce

- ◆ **Objective 4.1** — Strengthen training and professional development for the CHR workforce
 - ◇ **Strategy 4.1.1** — Increase awareness of and access to training and professional development opportunities
 - ◇ **Strategy 4.1.2** — Facilitate peer-to-peer connections and learning opportunities across CHR programs through site visits, listening sessions, learning collaborations, pilot project discussions, and other modalities
 - ◇ **Strategy 4.1.3** — Increase collaboration opportunities with clinical health programs, state CHW associations, national CHW organizations, and other related groups and organizations to share resources and learnings
 - ◇ **Strategy 4.1.4** — Develop advanced and specialty modules to increase CHR skills and knowledge
- ◆ **Objective 4.2** — Update policies and procedures of the National CHR Program.
 - ◇ **Strategy 4.2.1** — Create policy recommendations and guidance on CHR roles and responsibilities (e.g., updates to Chapter 16, “Community Health Representatives Program,” of the *Indian Health Manual*).

“They used to have in-person CHR training... I loved it. It was three weeks long... and you just learned so much...It was so beneficial.”

— Monica Vigil, Pueblo of Nambe SDPI/CHR Program Director

“When I first became a CHR, there were a lot more opportunities to train or to advance.whether it was becoming a first responder...working with the CDC on a project or a state entity on poison control...By being given those opportunities for training, it gave us more information to go out and share with our communities and do work in our communities.”

— Pamela Aguilar, CHR Contractor

“You have a lot of people that have been community health representatives...some people for 10, 15 years... you might have this woman that’s like 68 years old, and she’s been doing it for years, and she’s does an awesome job. She knows month by month what the needs are, and what the gaps are and she’s out there doing everything...[We need] to honor that, move it forward, and use those [CHRs] as some of the teachers.”

— Anonymous, CHR Manager

Priority Area 5: Data Systems

Goal 5: Optimize CHR data systems

- ◆ **Objective 5.1** — Increase awareness of the importance of CHR data to support clinical, preventive, and public health goals and outcomes
 - ◇ **Strategy 5.1.1** — Promote the collection and use of data to support quality health care and delivery
 - ◇ **Strategy 5.1.2** — Increase opportunities to support IHS initiatives using CHR Resource and Patient Management System (RPMS), EHR, and other data related systems
 - ◇ **Strategy 5.1.3** — Advocate for use of the CHR Data Mart¹⁷
- ◆ **Objective 5.2** — Promote and advocate for access and use of data systems to enhance coordination across the continuum of care.
 - ◇ **Strategy 5.2.1** — Develop and disseminate best and promising practices for accessing and effectively using data systems (CHR RPMS and EHR) to support CHR service delivery
 - ◇ **Strategy 5.2.2** — Increase training, awareness and understanding of best practices in billing and coding for CHR services
 - ◇ **Strategy 5.2.3** — Advocate for CHRs to have access to EHR systems

“CHRs should have access to patient health records... just having them gain access to RPMS database is a constant conversation...All CHR programs are Tribal programs so service program has to grant them access to data...Data is important...as we push for integration, CHRs are going to have to have a place to document and, if they don’t, how are they going to share information?”

— Commander Loretta Haven, Phoenix Area PHN/CHR Consultant

“Many of us have been trained in the RPMS system, have done all the paperwork, the security... have downloaded the software to our computers and still didn’t have access... We don’t get any credit for all the things that we do.”

— Monica Vigil, Pueblo of Nambe SDPI/CHR Program Director

“RPMS and EHR don’t talk to each other so providers can’t see the referrals. CHRs write down what they do and then, based on the urgency, CHRs call the provider or requestor and let them know the service that was provided. Before COVID, [we were] working to create a system for CHRs in EHR, but everything kind of shut down during COVID.”

— JT Naisho, CHR Director

Measures of Progress

Measuring progress is critical to ensure accountability, advocate for change, promote sustainable practices, and support AI/AN communities. Indicators are key tools in measuring progress to help inform decision-making and policy development. Tribal CHR programs may use and adapt the indicators identified below to measure progress and continue to identify areas for growth.

Intended Reach and Impact of the National CHR Program

- Total number of CHRs
- Total number of Tribes with CHR programs
- Total number of AI/AN people receiving CHR services by type of service and/or health concern
- Total number of CHR visits to AI/AN people by type of visit and/or visit reason
- Total number of referrals made to CHRs, by type of referral
- Percent of referrals to which CHRs responded, by type of referral
- Percent of AI/AN people achieving their health-related goals



Measures of Progress Based on Plan Priority Areas

1

Priority Area 1: Advocacy and Awareness

- ◆ Total number and type of materials/resources developed that communicate the role of CHRs to AI/AN communities
- ◆ Percent of staff at I/T/U Indian health systems aware of the role of CHRs in...
 - ◇ Addressing the social determinants of health
 - ◇ Addressing the social determinants of equity
 - ◇ Maximizing resources
 - ◇ Supporting community health
- ◆ Percent of AOCs and Tribal CHR Leadership who report capacity to promote and advance the role of CHRs in improving community and population health
- ◆ Development of recommendations for integrating a cultural wellness model into the National CHR Program

2

Priority Area 2: Partnerships

- ◆ Percent of AOCs and Tribal CHR Leadership who report new partnerships between I/T/U Indian health systems and key clinical, preventive, and public health partners
- ◆ Total number of opportunities developed for CHR programs to connect, collaborate, and share best and emerging practices in providing culturally responsive clinical, preventive, and public health programs
- ◆ Total number of opportunities developed for CHR programs to collaborate with other community workforce programs

Priority Area 3: Sustainability

- ◆ Descriptions of funding and of billing and reimbursement activities identified to sustain CHR programs
- ◆ Percent of staff at I/T/U Indian health systems aware of opportunities for...
 - ◇ CHW certification
 - ◇ Billing Medicaid for CHW/CHR services
 - ◇ Expanding the ISDEAA related to CHR PSFA
- ◆ Total number and percent of CHRs with CHW certification by IHS Area
- ◆ Total number of Tribal CHR programs with established processes for billing Medicaid for CHW/CHR services by IHS Area
- ◆ Total number and percent of I/T/U Indian health systems with guidance for CHR integration into their systems
- ◆ Percent of CHRs who are integrated into patient-centered medical home initiatives by IHS Area

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Priority Area 4: Workforce Strengthening

- ◆ Percent of CHRs who are aware of CHR training and professional development opportunities
- ◆ Percent of CHRs who access CHR training and professional development opportunities
- ◆ Total number of opportunities developed to facilitate peer-to-peer connections and learning opportunities across CHR programs
- ◆ Total number of opportunities developed to support collaboration between CHR programs and clinical health programs, state CHW associations, national CHW organizations, and other related groups and organizations to share resources and learnings
- ◆ Development of advanced and specialty modules to increase CHR knowledge and skills at clinic and community levels
- ◆ Updated policies and procedures for the National CHR Program including policy recommendations and guidance on CHR roles and responsibilities

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Priority Area 5: Data Systems

- ◆ Percent of staff at I/T/U Indian health systems aware of the importance of CHR data to support clinical, preventive, and public health goals and outcomes
- ◆ Percent of CHRs aware of...
 - ◇ The importance of CHR data to support clinical, preventive, and public health goals and outcomes
 - ◇ The IHS initiatives that integrate CHR services using CHR RPMS PointClickCare (PCC) or EHR
 - ◇ Best practices in billing and coding for CHR services
- ◆ Percent of Tribal CHR Programs using CHR Data Mart
- ◆ Development and dissemination of best and promising practices for accessing and effectively using data systems to support CHR service delivery
- ◆ Total number of Tribal CHR programs with access to health data systems (e.g., EHR data system)

Connections to the Indian Health Service and United States Department of Health and Human Services Strategic Plans

The following table illustrates how the priority areas of the National CHR Strategic Plan align with the goals and objectives of the [IHS Strategic Plan FY 2019–2023](#), [HHS Strategic Plan FY 2022–2026](#), and the [IHS 2023 Agency Work Plan](#).¹⁸ In particular, the National CHR Strategic Plan aligns with *Goal 1, Objective 1.1 to recruit, develop, and retain a dedicated, competent, and caring workforce*, and *Goal 2, Objective 2.2 of the IHS Strategic Plan, to provide care to better meet the health care needs of American Indian and Alaska Native communities*, and *Goal 1, Objective 1.3 of the HHS Strategic Plan, to expand equitable access to comprehensive, community-based, innovative, and culturally-competent health care services while addressing social determinants of health*.

National CHR Strategic Plan	IHS Agency Work Plan	IHS Strategic Plan	HHS Strategic Plan
Advocacy and Awareness	Strategic	Goal 2, Objective 2.2	Goal 1, Objective 1.3 Goal 2, Objectives 2.3
Partnerships	Strategic, Operational	Goal 1, Objective 1.2 Goal 2, Objective 2.2 Goal 3, Objective 3.1	Goal 1, Objective 1.3 Goal 2, Objectives 2.1
Sustainability	Strategic, Operational, Patient Safety, Financial	Goal 1, Objective 1.1 Goal 2, Objective 2.2	Goal 1, Objective 1.3 Goal 3, Objectives 3.2, 3.3 & 3.4
Workforce Strengthening	Human Capital, Patient Safety, Operational	Goal 1, Objective 1.1 Goal 2, Objective 2.2	Goal 1, Objectives 1.2, 1.3 & 1.5 Goal 5, Objective 5.3
Data Systems	Strategic, Compliance/Regulatory	Goal 2, Objective 2.1 Goal 3, Objective 3.3	Goal 1, Objective 1.3 Goal 4, Objective 4.4

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